Washington State Health Care Authority

Report to the Legislature

Family Planning Coverage

Third Engrossed Substitute House Bill 2127
Chapter 7, Laws of 2012, Second Special Session (partial veto)

December 1, 2012

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EXECUTIVE SUMMARY

Section 213(37) of Engrossed Substitute House Bill 2127, enacted as Chapter 7, Laws of 2012, 2nd Special Session (Partial Veto), directs the Health Care Authority (HCA) to provide a report on "*enrollment and utilization to study whether expansion of family planning coverage under Substitute Senate Bill 5912 is reducing state medical expenditures by reducing unwanted pregnancies.*" The report must be submitted to the legislature by December 1, 2012.

Substitute Senate Bill 5912, enacted as Chapter 41, Laws of 2011, 1st Special Session (RCW 74.05.659), requires the agency to submit an application to the Centers for Medicare and Medicaid Services (CMS) to increase income eligibility for the TAKE CHARGE Family Planning waiver to 250% of the federal poverty level (FPL). This corresponds with income eligibility for publicly-funded maternity care. HCA submitted the application to CMS on September 30, 2011, and CMS approved it on June 29, 2012. Eligibility expanded to 250% of the FPL on October 1, 2012.

Since we implemented expanded eligibility so recently, insufficient time has elapsed to see the impact on enrollment and service utilization data at this time. Savings are anticipated due to a decrease in unintended pregnancies; however, such savings for averted births would not be realized until July 2013 at the earliest. This one-time report describes baseline and historical data prior to implementation of the eligibility expansion.

FINDINGS

Enrollment in the TAKE CHARGE program during SFY 2012 is shown in the following table:

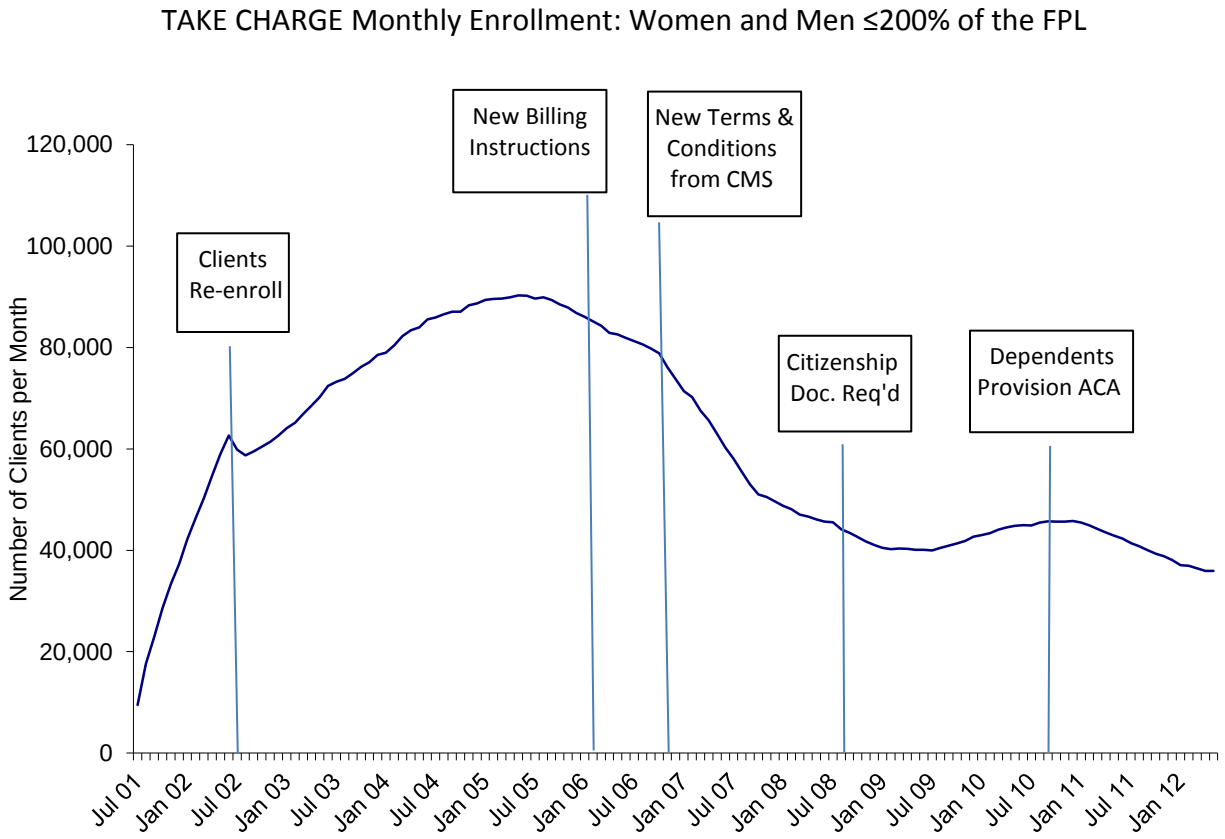
TAKE CHARGE Family Planning Waiver Year 11
July 1, 2011 – June 30, 2012

	Post-Pregnancy	Females ≤200% FPL	Males ≤200% FPL	Total Demonstration Population
# of Total Enrollees	41,689	64,374	1,013	105,688
# of Participants	8,681	40,582	325	49,245
Total Expenditures	$2.5 mil	$13.2 mil	$0.08 mil	$15.9 mil
Per Member Per Month	$11.59	$29.47	$12.78	$23.46

In the above table, participants are all individuals who obtain one or more covered family planning services. The proportion of participants among all enrollees was highest for Females ≤200% of the FPL (40,582/64,374, or 63.0%) and lowest for the post-pregnancy group (women losing Medicaid coverage at the conclusion of the 60 day postpartum period) (8,681/41,689, or 20.8%). For the post-pregnancy group, women may have received family planning services during the immediate postpartum period, before they

were enrolled in the family planning waiver, while they remained eligible for maternity care; these women do not count as participants. For all three groups, clients who received family planning services in the prior year and remained eligible (enrolled) in DY11 may not have needed or received additional services in DY11 and do not count as participants.

Enrollment over time is depicted in the graph below, showing the caseload peak in July 2005 and subsequent fluctuations in enrollment, with associated changes in policy. In January 2006, new Billing Instructions specified a more limited scope of care, especially for men. The new Special Terms and Conditions implemented November 2006 required clients to provide proof of identity, their social security number, and citizenship documentation (affidavit permitted); excluded clients with health insurance; and limited services for sexually transmitted infections and services for men. In August 2008, the affidavit for citizenship documentation that was previously permitted was discontinued. In September 2010, the Dependents Provision of the Affordable Care Act (ACA) took effect: parents were allowed to cover their dependents up to their 26th birthday on their health insurance.



As of December 2011, an estimated 62,000 young adults in Washington (age 19-25 years) gained insurance coverage as a result of the ACA.[1] While no specific evidence is available to demonstrate that

[1]State-Level Estimates of Gains in Insurance Coverage Among Young Adults. June 19, 2012. http://www.healthcare.gov/news/factsheets/2012/06/young-adults06192012a.html

the most recent declines in TAKE CHARGE enrollment were due to young adults gaining coverage through their parents' health insurance, it is the most likely explanation.

Although TAKE CHARGE enrollment fluctuated in recent years, other indicators suggest men and women in Washington are effectively preventing unintended pregnancies.

- The number of births in Washington declined to 84,100 in 2012 from the peak of 89,800 in 2009. Between April 2011 and April 2012, Washington had a crude birth rate of 12.4 per 1000 persons, the lowest rate in over 60 years (OFM *Population Trends*, 2012).

- The statewide abortion rate has declined by more than 20% in the past decade, from 20.2 per 1000 in 2000 to 15.5 per 1000 in 2010 (DOH Center for Health Statistics, 2011).

- The proportion of Medicaid births to the TAKE CHARGE target population that were unintended at the time of conception (mom wanted to be pregnant later or never) decreased from 60.8% in CY 2000-2002 to 52.6% (CY2003-2005), 57.2% (2006-2007) and 56.7% (CY2008-2010). The proportion of Medicaid births where the mother reported that she didn't want to be pregnant then or at any time in the future decreased from 13.4% in CY 2000-2002 to 10.6% (CY2003-2005) and reached an all-time low for Medicaid women of 9.9% in CY2008-2010.[2]

At the same time, the number of Medicaid-paid deliveries remains large, with total Medicaid deliveries exceeding 40,000 per year each year since 2007. Medicaid now covers more than half of Washington's deliveries: 50.4% in 2010 and 50.3% in 2011. The proportion of births to Medicaid women that were unintended at the time of conception remains much higher than that for non-Medicaid women.

Continued efforts to reduce unintended pregnancies among Washington women are critical since unintended pregnancy is associated with an array of negative outcomes including delayed prenatal care, reduced likelihood of breastfeeding, poorer mental and physical health during childhood, poorer education and behavioral outcomes of the child, poorer maternal mental health, lower mother-child relationship quality, and an increased risk of the mother experiencing physical violence during pregnancy.[3]

Increasing enrollment in the TAKE CHARGE program through expanded income eligibility provides the opportunity to reduce unintended pregnancies further and to avert unwanted births, thus avoiding Medicaid expenditures for those pregnancies and improving the health of women and children in Washington.

[2]Washington relies on the Pregnancy Risk Assessment Monitoring System (PRAMS) survey administered by the Department of Health to describe unintended pregnancy rates. PRAMS survey results are individually linked to Medicaid clients by the Department of Social and Health Services Research and Data Analysis Division, so the survey results can be reported for the target population of our waiver. For each of the time periods after CY2000-2002, the proportions of births from unintended pregnancies are significantly different from the 2000-2002 rate; however, the rates in 2003-2005, 2006-2007, and 2008-2010 are not significantly different from each other, based on 95% Confidence Intervals.

[3] Logan C, Holcombe E, Manlove J, Ryan S. The Consequences of Unintended Childbearing: A White Paper. 2007. Child Trends, Inc. http://www.thenationalcampaign.org/resources/pdf/consequences.pdf